

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Sara Parks
Date: 6/21/06
Time: 10:30 – 11:30 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

x Sharlene Bryant
 x Cathy Bennett
 Cheryl McQueen
 x Shannon Johnson
 Gary Imes
 Joyce Sims
 Jackie Kidder
 x Rick Debell
 x Thelma Hayter
 x Eric Johnson

Others:

Linda Smith
 x Jamie Herubin
 x Sandy Flores
 X Sara Parks
 Tim Sullivan
 Paul Carr
 Marjorie M. Morris
 X Mike Frost

Attendees:

Alamance-Caswell	x Onslow
x Albemarle	x OPC
x Catawba	x Pathways
x Centerpoint	x Pitt
x Crossroads	x Roanoke-Chowan
x Cumberland	x Rockingham
x Durham	x Sand hills Center
x Eastpointe	X SE Center
x Edgecombe-Nash	x SE Regional
x Five – County MHA	x Smoky Mountain
x Foothills	x Tideland
x Guilford	x Wake
X Johnston	Western Highlands
x Mecklenburg	x Wilson-Greene
x Neuse	
x New River	

Attendees:

Item No. Topics

Roll call

Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**

Review checkwrite (cut-off dates) June 16th

Upcoming Check-writes (cut-off dates) – June 30th, (First checkwrite for FY 06-07), July 7th, 14th, 21st.

Agenda items

- **Reminder: Provider rates needed for H2036 from all LME’s billing for services effective DOS 6-1-2006.**
- **834 Overview Documents (Distributed 6-16-06)**
- **IPRS Notifications**

IPRS Questions or Concerns

DMA Direct Provider Enrollment Questions

MMIS Updates - Tim Sullivan & Shannon Johnson
Medicaid Questions or Concerns

DMH and/or EDS concluding remarks.
Updates to Roll Call?

Next Meeting: June 28, 2006

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc., call the IPRS Help Desk – 1-800-688-6696, ext 53355, M-F, 8 a.m.-4:30 p.m., excluding holidays.

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Review checkwrite (cut-off dates) 16th
4.	Upcoming Checkwrites – June 30th, (First checkwrite for FY 06-07), July 7th, 14th, 21st.
5.	<p>Agenda items</p> <ul style="list-style-type: none"> • Reminder: Provider rates needed for H2036 from all LME's billing for services effective DOS 6-1-2006. • 834 Overview Documents (Distributed 6-16-06) <p>Q: Kim (Neuse) – When did the email go out? A: June 16th (Friday) Q: What was the name of the document? A: 834 Overview and it went to the IPRS Coordinators.</p> <ul style="list-style-type: none"> • IPRS Notifications: <p>IPRS Questions or Concerns: Q: Mary (Foothills) – I received information that (4) Area Programs have been chosen to do Medicaid billing. Is it just for Private Providers? Who do we go through? Will Providers send claims to LME? A: No final decision has been made. Discussions are still in process.</p> <p>Q: Lou (Tideland) – What is the timeline? A: That has not been established at this point.</p> <p>Q: Gina (Catawba) – This is only Medicaid right now and not IPRS correct? A: Correct</p> <p>Q: Kim (Neuse) – What are some of the issues? A: DMH recently distributed a memo regarding (4) enrollment windows. There was a decision to extend the 4th window to allow residential providers the opportunity to enroll. This was needed because DMA could not get everyone enrolled by September (as planned). This means they would not be able to direct enroll. Funds were cut for LME's to bill Medicaid. For further information on window changes look at Communication Bulletin 55 on the DMH website under announcements and bulletins.</p> <p>Q: Sharlene (Albemarle) – I received 8599 and 96 denials and after checking the core number I can't find any reason why they denied. I've sent examples to IPRS Q & A, but have not received a response. Any idea? A: You can call IPRS Provider Services and speak to Carlisa or Evelyn so we can research. We strongly encourage you to use the IPRS Provider Services number if you have questions.</p> <p>Q: Terri (Eastpointe) – What is the cutoff for timely filing? A: The last check-write in October (October 20th) for fiscal year (DOS) 2005-2006.</p> <p>Q: Susan (Pathways) – Any updates on the B Smart program because I am still getting</p>

	<p>denials?</p> <p>A: Send ICN examples to IPRS Q & A.</p> <p>Thelma: T1017HI CDSN pop group is changing from 4th birthday to 3rd birthday up to the 18th birthday. Changes should be in by June 30th.</p> <p>Q: Does this effect Medicaid claims?</p> <p>A: Thelma will check with Carol. Shannon has not heard of any changes on the Medicaid side.</p> <p>Q: Faith (Mecklenburg) – Will there be a new rate sheet for IPRS?</p> <p>A: No – They should technically be all provider specific. You can look at report IPPR2414.</p> <p>Q: Mary Ann (Foothills) – This is related to Value Options. I've received calls from Providers who can not get any direction on residential authorization. Does it take a long time? When we call, we're told the request is sitting on someone's desk.</p> <p>A: Write this up and send to Carol. DMA has the contract with Value Options and they should know if there is a problem.</p> <p>Q: Sharlene (Albemarle) – Is there something that shows diagnosis codes?</p> <p>A: There is not a published list. However, Shannon will forward an email to Eric who will forward to all Area Programs.</p> <p>Thelma – Does anyone have a clear procedure about how you currently handle a new client in crisis? If so, can you send an email to IPRS Q & A. Put in the subject line "New Crisis Client".</p> <p>Q: Kim (Neuse) – Are there changes to AO pop group correct?</p> <p>A: Yes – we will be end-dating AO pop group on 6/30.</p> <p>Q: Is the expectation that the STR provider will know which pop group to put the new client?</p> <p>A: Yes – The STR should have an idea if the person is eligible for a target pop group or if they would be eligible for Medicaid when they refer a person to a provider. If the person turns out not to be then they would go into the AO pop group so that the provider can be paid for the service.</p> <p>Q: Gina (Catawba) – Is there a limit?</p> <p>A: 1 unit per event, 2 events per year. This should be a brief encounter with the client and used as a way to pay the Provider for the service.</p> <p>DMA Direct Provider Enrollment Questions –</p> <p>6. MMIS Updates Tim Sullivan & Shannon Johnson –</p> <p>7. Medicaid Questions or Concerns –</p> <p>DMH and/or EDS Concluding Remarks:</p> <p>Updates to Roll Call</p>
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Action Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
AI#.						

Issue Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
II1.						